FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	ATION	
	(See instruction	ons)	Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Aloha PAC			
ADDRESS (number and	street) PO Box 30457		
(Check if addischanged)	Bethesda		MD 20824 -
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS		
COMMITTEE'S WEE	PAGE ADDRESS (URL)		
	<u> </u>		
COMMITTEE'S FAX <b>2403326104</b>			
2. DATE MO	M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		_
3. FEC IDENTIFICATION NUMBER C C00411967			
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)			
I certify that I have exam	ined this Statement and to the best of my kno	owledge and belief it is true, correct	and complete
Type or Print Name o	Treasurer Peter Goss		
Signature of Treasure	r Electronically Filed by Peter Gos	ss	Date 05 / 05 / 2008
NOTE: Submission of f	alse, erroneous, or incomplete information ma	ay subject the person signing this Sta	
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